

PTO/SB/01 (04-05)  
Approved for use through 07/31/2008. OMB 0851-0032  
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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	Attorney Docket Number	WI-3
	First Named Inventor	Eswaran Krishnan IYER
	COMPLETE IF KNOWN	
	Application Number	Not assigned
	Filing Date	Not assigned
<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing             OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Art Unit	Not assigned
	Examiner Name	Not assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ORAL COMPOSITIONS FOR TREATMENT OF DISEASES**

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

24 July 2003

as United States Application Number or PCT International

Application Number

PCT/IB2003/002949

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 385(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/01 (04-05)

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	<input checked="" type="checkbox"/> The address associated with Customer Number:	58478	OR	<input checked="" type="checkbox"/> Correspondence address below
Name Dr. O. M. (Sam) Zaghmout				
Address 8508 Kemron Ct				
City Lorton		State VA	ZIP 22079	
Country USA	Telephone 703-550-1968		Email BioIPS@BioIPS.com	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Eswaran Krishnan			Family Name or Surname IYER	
Inventor's Signature <i>Eswaran Krishnan</i>			Date Nov 25, 2005	
Residence: City MUMBAI	State MAHARASHTRA	Country INDIA	Citizenship INDIAN	
Mailing Address WOCKHART TOWERS; BANDRA KURLA COMPLEX; BANDRA (EAST)				
City MUMBAI	State MAHARASHTRA	Zip 400051	Country INDIA	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Dip Gopalakrishna			Family Name or Surname SAOJI	
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address				
City	State	Zip	Country	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

(Page 2 of 2)

PTO/SB/01 (04-05)

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Name Dr. O. M. (Sam) Zaghmout				
Address 8509 Kemron Ct				
City Lorton		State VA	ZIP 22079	
Country USA		Telephone 703-550-1988	Email BioIPS@BioIPS.com	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) Eswaran Krishnan		Family Name or Surname IYER		
Inventor's Signature		Date		
Residence: City	State	Country	Citizenship	
Mailing Address				
City	State	Zip	Country	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) Dilip Gopal Krishna		Family Name or Surname SAOJI		
Inventor's Signature <i>Dilip</i>		Date		
Residence: City AURANGABAD	State MAHARASHTRA	Country INDIA	Citizenship INDIA	
Mailing Address PLOT NO 144-D, N-1, SECTOR-A, CIDCO AURANGABAD, Maharashtra, INDIA				
City AURANGABAD	State MAHARASHTRA	Zip 431003	Country INDIA	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

(Page 2 of 2)

PTO/SB/02A (09-04)  
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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page <u>3</u> of <u>3</u>	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Rasendrakumar Jahanshah		JHA	
Inventor's Signature		Date Nov. 25, 2005	
Residence: City		State	Country
MUMBAI		MAHARASHTRA	INDIA
Mailing Address			
WOCKHARDT TOWERS, BANDRA-KURLA COMPLEX, BANDRA (EAST)			
City		State	Zip
MUMBAI		MAHARASHTRA	400051
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Mailing Address			
City		State	Zip
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Mailing Address			
City		State	Zip

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

PTO/SB/61 (04-05)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	Not assigned
Filing Date	Not assigned
First Named Inventor	Eswaran Krishnan IYER
Title	ORAL COMPOSITIONS FOR TREATMENT
Art Unit	Not assigned
Examiner Name	Not assigned
Attorney Docket Number	WH-3

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

58478

OR

☒ Practitioner(s) named below:

Name	Registration Number
Mr. Douglas Robinson	51,278
Dr. O. M. (Sam) Zaghmout	51,286

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

58478

☒ Firm or Individual Name Bio Intellectual Property Services (Bio IPS) LLC

Address 8509 Kemron Ct

City Lorton State VA Zip 22078

Country USA

Telephone 703-550-1868 Email BioIPS@BioIPS.com

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Eswaran Krishnan Iyer</i>	Date	Nov 25, 2005
Name	Eswaran Krishnan IYER	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.41 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	Not assigned
	Filing Date	Not assigned
	First Named Inventor	Eswaran Krishnan IYER
	Title	ORAL COMPOSITIONS FOR TREATMENT
	Art Unit	Not assigned
	Examiner Name	Not assigned
	Attorney Docket Number	WH-3

I hereby revoke all previous powers of attorney given in the above-identified application.  
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58478

OR

☒ Practitioner(s) named below:

Name	Registration Number
Mr. Douglas Robinson	51,278
Dr. O. M. (Sam) Zaghmout	51,286

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☒ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

OR

58478

☒ Firm or  
Individual Name

Bio Intellectual Property Services (Bio IPS) LLC

Address

8509 Komon Ct

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Lorton

Country

USA

Telephone

703-550-1968

State VA

Zip 22079

Email BioIPS@BioIPS.com

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/05)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Title and Company

Rasendrakumar Jahantilal JHA

Date

Nov 26, 2005

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ \*Total of 3 forms are submitted.

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